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JC771
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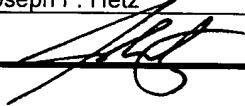
REISSUE PATENT APPLICATION TRANSMITTAL

JC511
09/01/2000
U.S. PTO
12894

02/24/00

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		Attorney Docket No. 33/759
		First Named Inventor Oberth
		Original Patent Number 5,733,062
		Original Patent Issue Date (Month/Day/Year) 3/31/98
		Express Mail Label No. EL130694771US
APPLICATION FOR REISSUE OF: (check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate) 3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) 5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178)		7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 10. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper (PTO/SB/09-12) and desired 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input checked="" type="checkbox"/> Other: Request for Transfer of the Drawings and Associate Power of Attorney
or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		
<input checked="" type="checkbox"/> Written Consent of all Assignees <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		
<small>*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>		

14. CORRESPONDENCE ADDRESS					
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Signature			Date
			2/24/00

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Docket Number (Optional)

33/759

REISSUE APPLICATION FEE TRANSMITTAL FORM

Claims as Filed – Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(i))	(B) 20	0	x \$ ____ =		or	x \$0= 0	
(C) 2	Independent Claims (37 CFR 1.16(j))	(D) 2	0	x \$ ____ =			x \$0= 0	
					Basic Fee (37 CFR 1.16(h))	\$ 345		\$690
					Total Filing Fee	\$	OR	\$690
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	148	MINUS	20	=128	x\$9=		x\$18= 2304	
Independent Claims (37 CFR 1.16(i))	6	MINUS	2	=4	x\$39=		x\$78= 312	
First Presentation of Multiple Dependent Claim				=1	x\$130=		x\$260= 260	
					Total Additional Fee	\$	OR	\$2876

*If the entry in (D) is less than the entry in (C), Write "0" in column 3.

**If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

***After any cancellation of claims

****If "A" is greater than 20, use (B-A); if "A" is 2 or less, use (B-20).

*****Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. 23-1925 in the amount of \$.
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account No. 23-1925.
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A check in the amount of \$3,566 to cover the filing/additional fee is enclosed.

2/24/00

Date

Signature of Applicant, Agent or Agent of Record


 Joseph F. Hetz
 Typed or Printed Name